

SOLDIER STATUS SUMMARY REPORT
(ATTACH COPY TO REQUEST FOR DISCHARGE)

TO BE COMPLETED BY FULL TIME ATTRITION/RETENTION NCO (ONLY)

UNIT: _____ DATE RECEIVED FROM UNIT: _____

REASON FOR REQUEST: _____

INDIVIDUAL TO BE SEPARATED

(LAST NAME), (FIRST NAME) (MI) (SSAN) (RANK)

DUTY POSITION: _____

(PLT)/(SQD)/(SECTION)

ETS ELIGIBLES (ONLY)

WAS INDIVIDUAL INTERVIEWED BY: FLS AT 90 DAYS: _____

COMMANDER AT 60 DAYS: _____

FLS/RNCO AT 30 DAYS: _____

REASON FOR NOT EXTENDING: _____

AWOLS (ONLY)

AWOLS VERIFIED WITH INDIVIDUAL: (YES) (NO)

SM REQUESTED ASSISTANCE IN RETURNING TO ACTIVE DRILL STATUS: (YES) (NO)

FLS CONTACTED: (YES) (NO) RECOMMENDATION: _____

1SG CONTACTED (YES) (NO) RECOMMENDATION: _____

OTHER UNIT PERSONNEL CONTACTED (YES) (NO) RECOMMENDATION: _____

COMMENTS: _____

RNCO RECOMMENDATION: _____

DATE SSS RETURNED TO UNIT: _____

FTA/RF NUMBER: _____ DATE ISSUED: _____

REPORT COMPLETED BY: _____ RANK: _____

UNIT IS IN COMPLIANCE WITH AR 135-178 AND NGR 600-200: (YES)____(NO)____

CF:

COMMANDER TFC

UNIT COMMANDER

UNIT 1SG